

ADULT GUARDIANSHIPS

COURT APPOINTED ATTORNEY REQUEST FOR PAYMENT IN ACCORD WITH COMAR 07.06.10.17

I HEREBY CERTIFY:

1. \_\_\_\_\_ Attorney Appointed by Circuit Court

\_\_\_\_\_ Client Represented

\_\_\_\_\_ Hearing Date

2. Under the Annotated Code of Maryland:

\_\_\_\_\_ Estates and Trust s Article, § 13-705 or § 13-709, or

\_\_\_\_\_ Family Law Article, § 14-404 and § 14-202 (a) (5) (APG

\_\_\_\_\_ Full Review \_\_\_\_\_ File Review

3. Named Party to the case:

\_\_\_\_\_ County/City Dept. Social Services

\_\_\_\_\_ County/City Office on Aging

4. \_\_\_\_\_ Initiating Party

5. Client was determined indigent by means of:

\_\_\_\_\_ AFDC \_\_\_\_\_ Disability Assistance and Loan Program

\_\_\_\_\_ SSI \_\_\_\_\_ Income

6. Client Information: \_\_\_\_\_ Social Security #

\_\_\_\_\_ Years of age

\_\_\_\_\_ Male or Female (write in first letter)

\_\_\_\_\_ Race (African American, Asian, Caucasian, Hispanic, Native American)

7. \_\_\_\_\_ Total hours spent by the undersigned in this case:

\_\_\_\_\_ Nontrial hours \_\_\_\_\_ Trial hours \_\_\_\_\_ Paralegal/staff hours

8. \$ \_\_\_\_\_ Payment requested from the State of Maryland

\_\_\_\_\_  
Signature

\_\_\_\_\_  
SS/FED. ID #

\_\_\_\_\_  
Payee if other than signatory

\_\_\_\_\_  
Address/City/State/Zip

\_\_\_\_\_  
Telephone